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PUBLIC HEALTH IN THE GDR

Sopade
Hanover, Nov 1953

[The following information was taken from an article in the periodical Sopade, an official organ of the Social Democratic Party of the Federal Republic of Germany.]

The efforts of the Communists to sovietize the entire economic and political system of the GDR have also affected the public health and welfare system. In the latter sphere, these efforts have led to the [present] structure of the public health administration; the organization and implementation of the social insurance [program]; the creation of special polyclinics and hospitals for the exclusive treatment of high party and government functionaries; the exclusion of private-practice physicians in favor of a network of polyclinics and factory clinics; the establishment of so-called "night sanatoriums" within the factories; and the creation of "physicians' helpers" (Arzthelfer) to alleviate the shortage of qualified physicians.

Exclusion of Private-Practice Physicians

The primary goal of this policy is to bring all workers under the control of a factory physician, and thus forcefully lower the increasing sickness rate. To accomplish this purpose the state is systematically making it impossible for a physician to maintain a private practice in the GDR. The first step was taken in 1945, when private physicians were prohibited to treat patients for venereal diseases. At the end of 1947, on the basis of Soviet Orders No 234 and 272, the establishment of a closely-knit network of factory polyclinics, polyclinics, and first-aid stations (Sanitaerstellen) was started. The government then started to "tighten the tax screws" on private physicians, to limit their supply of drugs and instruments, and to persecute them severely if they prescribed drugs available only from the West.

One Physician for 2,000 Inhabitants

These pressures led to the flight of many physicians to West Germany, so that today the number of physicians in the GDR has dropped to one per 2,000 inhabitants. The training of physicians' helpers was started in July 1952 in order to alleviate this shortage. Although the primary consideration in selecting these helpers is political reliability, they are placed in hospitals and clinics where they are even permitted to perform amputations.

The conditions with respect to pharmacies are no better. According to the 1955 plan figure, there is to be one pharmacy for every 10,000 inhabitants. This would mean that by 1955 the number of pharmacies in the GDR must be doubled, since in 1953 there was still only one pharmacy for every 20,000 inhabitants. Pharmacists who have not yet passed their qualifying examinations are employed.

GDR Red Cross

Since the summer of 1952, considerable material and financial means have been expended in building up the GDR Red Cross. The Red Cross is charged with two missions: to save money by appealing for volunteers in first-aid and accident assistance and to conduct pre-military training, particularly of girls, for an army medical service. At first, former German Red Cross members participated actively in the work of the GDR Red Cross; however, after the central committee of the latter association avoided answering any questions about its relation to the International Red Cross, these members gradually withdrew.

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Hospitals

On 31 December 1952, the GDR, excluding the Soviet Sector of Berlin, had 200,000 beds available for general cases and 50,000 beds for tuberculosis patients. During 1952, 10,000 new beds had to be procured, since several hospitals had been taken over by the People's Police.

When, in May 1953, food-ration cards were withdrawn from certain segments of the population, some hospitals had to obtain all their foodstuff from HC (Trade Organization) stores. Patients had to pay for their board 10 days in advance.

It must also be mentioned that patients are subjected to political control by the factory SED (Socialist Unity Party) groups.

Supply of Drugs

The supply of drugs for the population is of secondary importance in the GDR. The supply is particularly handicapped by the systematic reduction in the allocations of raw materials used in drugs for consumers. Another drawback is the people-owned pharmaceutical industry, which operates not according to realistic needs but according to the Soviet model, and the bureaucratic method of distribution.

There has been little change in the drug supply during the latter half of 1953. The penicillin and insulin supply has improved, but the supply of penicillin at depots is still considerably short. The streptomycin supply is still dependent on imports. The use of GDR-manufactured antitubercular drugs often leads to unwholesome symptoms. The supply of aureomycin is completely inadequate. Sulfonamide are still available only with difficulty, whereas barbituric acid is now somewhat more readily available. X-ray contrast agents are available. The production of antipyretic and antineuralgic agents is still inadequate. Altogether, the quality of GDR-produced drugs is still so poor that the drugs stored for state reserves are generally Western products.

Increase in Sickness Rate

Statistics on cases of illness in the GDR are a well-guarded state secret, since these numbers would give documentary evidence as to the true conditions in factories. Considering this, official statistics take on a special significance [presumably since official figures, as those cited below, are lower than the actual figures].

A sickness rate of 2.5 to 3.5 percent in the various industrial branches can be considered as normal. However, the statistics of individual industrial trade unions of the FDGB (Free German Trade Union Federation) show an entirely different picture:

December 1952

<u>IG (Industrial Trade Union)</u>	<u>Percentage of Illness</u>	
	<u>Male</u>	<u>Female</u>
Construction-Wood	5.89	6.61
Mining	4.69	13.04
Chemicals	4.66	6.71
Printing and paper	4.45	6.48
Metals	4.22	5.47
Transportation	5.23	9.75
Metallurgy	7.41	6.64

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January 1953

IG (Industrial Trade Union)

	<u>Percentage of Illness</u>	
	<u>Male</u>	<u>Female</u>
Construction-Wood	6.51	8.09
Mining	--	--
Chemicals	6.13	7.52
Printing and paper	5.88	8.27
Metals	4.73	6.69
Transportation	7.90	10.85
Metallurgy	8.09	7.93

February 1953

Construction-Wood	8.73	10.37
Mining	--	--
Chemicals	7.51	8.97
Printing and paper	7.55	10.26
Metals	7.81	9.37
Transportation	9.20	11.90
Metallurgy	10.66	9.96

The cases of illness continued to increase so that by May 1953, 18.3 percent of the workers in the mining industry, 19.3 percent of the transportation workers, and 21.8 percent of the workers in the metallurgical industries were absent because of illness. At the same time, the sickness rate for West German industrial workers was 3.87 percent.

This high incidence of illnesses reflects the low standard of living in the GDR, the heavy physical demands made on the people, and the wrong public health policies.

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